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Filing Date Application Number **MULTIPLE DEPENDENT CLAIM** FEE CALCULATION SHEET Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AFTER SECOND AFTER FIRST AMENDMENT **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Indep Depend Я 72 -.25 Total Total indep Indep Total Depend Depend Total

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